

ATTACHMENT A  
DEPARTMENT OF BOATING AND WATERWAYS  
Boating Safety Grant Proposal Application Form

YEAR 03/04

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**ORGANIZATION**

FEDERAL NOT-FOR-PROFIT NUMBER \_\_\_\_\_

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**MAILING ADDRESS**

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**LOCATION OF PROGRAM**

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**TYPE OF PROPOSAL**

(check one)

Scholarship    Equipment    Combined Scholarship/Equipment

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**GRANT AMOUNT REQUESTED:**

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**SUMMARY OF PROPOSAL:**

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**CONTACT PERSON:**

NAME: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_

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**PREPARED BY:** (if different from above)

Date: \_\_\_\_\_

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**SIGNATURE OF OFFICER:**

**TITLE:**

Date: \_\_\_\_\_

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DBAW USE ONLY: **Additional Review and Action**

Approved                  Disapproved

Priority No:

AGPA \_\_\_\_\_ Comment: \_\_\_\_\_

SSM \_\_\_\_\_ Comment: \_\_\_\_\_

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